

DUE DATE:

Please Read Instructions:

## TRANSCRIPT ORDER

1. NAME Sabrina Streusand		2. PHONE NUMBER (512) 236-9901	3. DATE 11/5/2019
4. DELIVERY ADDRESS OR EMAIL 1801 S. MoPac Expressway, Suite 320		5. CITY Austin	6. STATE TX
7. CASE NUMBER 19-10926	8. JUDGE T. Davis	7. ZIP CODE 78746	
		DATES OF PROCEEDINGS	
		10. FROM 11/5/2019	11. TO 11/5/2019
12. CASE NAME In re Orly Genger		LOCATION OF PROCEEDINGS	
		13. CITY Austin	14. STATE TX
15. ORDER FOR			
<input type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input checked="" type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	2019 NOV 6 AM 11:17
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			RECEIVED BY CLERK US BANKRUPTCY COURT
<input type="checkbox"/> OPENING STATEMENT (Defendant)			FILED
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input checked="" type="checkbox"/> OPINION OF COURT	11/5/19 at 2:30 p.m.		
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

## 17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
					NO. OF COPIES
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>			
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

## CERTIFICATION (18. &amp; 19.)

By signing below, I certify that I will pay all charges  
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE <i>Sabrina Streusand</i>	PROCESSED BY <i>Blayne Turner</i>
19. DATE 11-5-2019	PHONE NUMBER 512-916-5237

TRANSCRIPT TO BE PREPARED BY <i>Exceptional Reporting</i>	COURT ADDRESS 903 San Jacinto Ste. 322 Austin TX 78701	
ORDER RECEIVED	DATE	BY
DEPOSIT PAID	DEPOSIT PAID	
TRANSCRIPT ORDERED	TOTAL CHARGES	
TRANSCRIPT RECEIVED	LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT	TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT	TOTAL DUE	

DISTRIBUTION:

COURT COPY

TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY